MULTIPLE DEPENDENT CLAIM								SERIAL NO S S SILING DA					ATE	
FEE CALCY ATION SHEET (FOR USE \ H FORM PTO-875)								APPLICAN	VT(s,		(D)			
	···		<u> </u>				CLAIN							
	AST	II ED	AF	TER	AF	TER	T	T		A 15	TIPE .	·		
ĺ	AS FILED		I [#] AMENDMENT ,		2 [™] AMENDMENT			1	AS FILED		AFTER		AFTER 2 MAMENDMENT	
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TOTAL	44		16	7	Ii	4		TOTAL DEP		4		*		4
CLAIMS	46.	1				·	l	TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)		·····						. (J.S. DEPART	MENT of CO	MMERCE e		